

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 101067522		FILING DATE 7/2/04			
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1			_____				51				
2			_____				52				
3			_____				53				
4			1				54				
5				1			55				
6			1				56				
7				2			57				
8			_____				58				
9			_____				59				
10				1			60				
11			_____				61				
12			1				62				
13				1			63				
14			_____				64				
15			_____				65				
16			_____				66				
17			_____				67				
18			_____				68				
19			_____				69				
20			_____				70				
21							71				
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39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			3				TOTAL IND.				
TOTAL DEP.			5				TOTAL DEP.				
TOTAL CLAIMS			8				TOTAL CLAIMS				